

Rest Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-525900

FILING DATE

APPLICANT(S)

**CLAIMS**

|            | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|------------|----------|------|------------------------------------|------|------------------------------------|------|
|            | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1          | /        |      |                                    |      |                                    |      |
| 2          |          | /    |                                    |      |                                    |      |
| 3          | /        |      |                                    |      |                                    |      |
| 4          |          | /    |                                    |      |                                    |      |
| 5          |          |      |                                    |      |                                    |      |
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| TOTAL IND. | 2        |      |                                    |      |                                    |      |
|            | 4        |      |                                    |      |                                    |      |

|     | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|-----|----------|------|------------------------------------|------|------------------------------------|------|
|     | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51  |          |      |                                    |      |                                    |      |
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